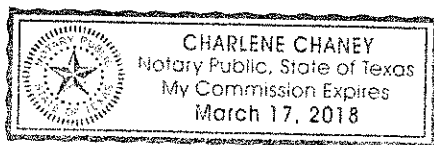


AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDSSTATE OF TEXASCOUNTY OF HARRIS

I, Susan Richardson, am the duly authorized custodian of the medical records for Garden Park Medical Center, and as such I have (i) first-hand knowledge about the making, maintenance, and storage of the records; (ii) that the records are authentic as required by law; and (iii) that the attached records were (a) made at or near the time of the occurrence of the matters set forth by, or from information transmitted by a person with knowledge of those matters; (b) kept in the course of the regularly conducted activity of this office; and (c) were made or maintained as a regular practice. The records attached hereto constitute a true and correct copy of the medical records pertaining to the care and treatment of Allen Douglas Hale.

And further affiant saith not.

Susan Richardson
Custodian of Records

SWORN TO AND SUBSCRIBED before me this 15 day of July, 2015.

Charlene Chaney
NOTARY PUBLIC

My Commission Expires:

3/17/18

PATIENT NO:		GARDEN PARK MEDICAL	BILLING DATE	PAGE	1	06212
MED REC NO:		15200 COMMUNITY RD	06/19/15			
GUARANTOR NO:						
PATIENT:		GULFPORT	MS 395033085	ADMITTED		DISCHARGED
HALE ALLEN				04/01/15		04/16/15

BILL TO:

HALE ALLEN	INPATIENT	FC=05
	REPLACEMENT OF PRIOR CLAIM	

DATE OF SERVICE	ATT	PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE DAYS	CHARGE	ROOM CHARGES	NONBILL CHARGES
04/01/15	7394	05	321A	IT	ICU	208	0650		2 X	5990.88	11981.76	.00
04/03/15	7394	05	255A	P	SURG	110	0607		1 X	1522.13	1522.13	.00
04/04/15	7394	05	325A	IT	ICU	208	0650		7 X	5990.88	41936.16	.00
04/11/15	7394	05	258A	P	SURG	110	0607		5 X	1522.13	7610.65	.00

TOTAL ROOM AND CARE	63050.70
TOTAL NON BILLABLE ROOM AND CARE	.00
TOTAL BILLED ROOM AND CARE	63050.70

DATE OF SERVICE	BATCH REF	F DEPT	S	PROC	NDC/CPT-4/ HPCPS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY								
040115	02B029	0712		313002		2	LIDOCAINE 2% 5ML AMPUL	56.58
040115	02B029	0712		310064		2	LIDOCAINE JERRY 2% 5ML	210.92
040115	02B029	0712		313085		1	FUROSEMIDE 20MG VIAL	7.65
040115	02B029	0712		320069		1	VECURONIUM 2MG/ML 5ML	571.85
040115	06C740	0712		320412		2	SOD CL 0.9% 10ML	235.22
040215	02B001+	0712		313073		2	FENTANYL 5ML AMP	70.24
040215	02B004+	0712		314353		3	NS100ML	32.76
040215	02B004	0712		314298		1	D51/2NS 10 KCL 1000 ML	350.07
040215	02B001	0712		320121		1	MIDAZOLAM 5MG/ML 2ML	186.56
040315	03B099+	0712		314353		3	NS100ML	32.76
040415	04B189+	0712		314353		2	NS100ML	21.84
040415	04B224	0712		311215		1	GELFOAM SIZE 100 EA	551.58-
040415	04B224	0712		312057		1	EPHEDRINE 50MG/ML INJ	30.75-
040415	04B216	0712		311215		1	GELFOAM SIZE 100 EA	551.58
040415	04B204	0712		330003		6	IR SOD CL 1000ML	1119.36
040415	04B204	0712		320121		1	MIDAZOLAM 5MG/ML 2ML	186.56
040415	04B204	0712		313073		3	FENTANYL 5ML AMP	105.36
040415	04B204	0712		320293		2	GLYCOPYRROLATE 0.2MG/M	210.92
040415	04B204	0712		312057		1	EPHEDRINE 50MG/ML INJ	30.75

INSURANCE BENEFITS ASSIGNED TO
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GARDEN PARK MEDICAL
15200 COMMUNITY RD

BILLING DATE
06/19/15

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GULFPORT

MS 395033085

ADMITTED
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DISCHARGED
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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
040415	04B204	0712	320453		1 CISATRACURIUM 2MG/ML 1	344.76
040415	05B298	0712	313002		1 LIDOCAINE 2% 5ML AMPUL	28.29
040515	05B250+	0712	314353		3 NS100ML	32.76
040615	06B318+	0712	314353		3 NS100ML	32.76
040715	07B421+	0712	314353		3 NS100ML	32.76
040715	08B521	0712	314353		1 NS100ML	10.92
040815	08B550+	0712	314353		2 NS100ML	21.84
040815	09C808	0712	320412		1 SOD CL 0.9% 10ML	117.61
040915	09B621+	0712	314353		3 NS100ML	32.76
040915	13C821	0712	320412		1 SOD CL 0.9% 10ML	117.61
041015	10B718+	0712	314353		2 NS100ML	21.84
041015	16C833	0712	320412		1 SOD CL 0.9% 10ML	117.61
041415	14B083	0712	330003		1 IR SOD CL 1000ML	186.56
					SUBTOTAL:	4496.73
251-DRUGS/GENERIC						
040115	02B029	0712	314508		1 TEARS LUBRICANT	18.10
040615	06B396	0712	314501		1 ALBUTEROL 2.5 MG	33.78
040815	08B578+	0712	314501		2 ALBUTEROL 2.5 MG	67.56
040915	09B651+	0712	314501		3 ALBUTEROL 2.5 MG	101.34
041015	10B718+	0712	314501		4 ALBUTEROL 2.5 MG	135.12
041115	11B817+	0712	314501		3 ALBUTEROL 2.5 MG	101.34
041215	12B883+	0712	314501		3 ALBUTEROL 2.5 MG	101.34
041315	13B954+	0712	314501		3 ALBUTEROL 2.5 MG	101.34
041415	14B051+	0712	314501		4 ALBUTEROL 2.5 MG	135.12
041415	15B156	0712	314501		1 ALBUTEROL 2.5 MG	33.78
041515	15B164+	0712	314501		3 ALBUTEROL 2.5 MG	101.34
041615	16B258+	0712	314501		2 ALBUTEROL 2.5 MG	67.56
					SUBTOTAL:	997.72
258-IV SOLUTIONS						
040215	02B008+	0712	330030		3 IV D5/0.45NS 1000ML	997.74
040315	03B099+	0712	330030		2 IV D5/0.45NS 1000ML	665.16
040315	04B185	0712	330030		1 IV D5/0.45NS 1000ML	332.58
040415	04B189+	0712	330030		2 IV D5/0.45NS 1000ML	665.16
040415	04B204	0712	312638	J7120	1 LR UP TO 1000 ML	328.74
040515	05B250+	0712	330030		3 IV D5/0.45NS 1000ML	997.74
040615	06B322	0712	330030		1 IV D5/0.45NS 1000ML	332.58
					SUBTOTAL:	4319.70
259-DRGS/OTHER						
040215	02B008+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50

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040215	02B057	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040315	03B099+	0712	320220		2 METRONIDAZOLE 500MG RT	803.00
040315	03B103	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040315	04B185	0712	320220		1 METRONIDAZOLE 500MG RT	401.50
040415	04B189+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040415	04B193	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040515	05B254+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040515	05B269	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040615	06B322+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040615	06B348	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040715	07B428+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040715	07B452	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040815	08B525+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040815	08B583	0712	312641		2 ACETAMINOPHEN 325MG	16.08
040815	08B550	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
040915	09B625+	0712	320220		3 METRONIDAZOLE 500MG RT	1204.50
040915	09B680+	0712	313336		3 HYDROCOD/APAP 7.5/325	27.03
040915	09B651	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041015	10B722+	0712	313336		8 HYDROCOD/APAP 7.5/325	72.08
041015	10B726	0712	320220		1 METRONIDAZOLE 500MG RT	401.50
041015	10B726	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041115	11B813+	0712	313336		8 HYDROCOD/APAP 7.5/325	72.08
041115	11B829	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041215	12B875+	0712	313336		4 HYDROCOD/APAP 7.5/325	36.04
041215	12B892+	0712	313197		4 HYDROC/APAP 10/325 TAB	47.48
041215	12B928	0712	310887		1 FAMOTIDINE 20MG T	36.48
041215	12B892	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041315	13B946+	0712	313197		12 HYDROC/APAP 10/325 TAB	142.44
041315	13B979	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041315	13B979	0712	310887		1 FAMOTIDINE 20MG T	36.48
041415	14B051+	0712	313197		9 HYDROC/APAP 10/325 TAB	106.83
041415	14B114	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041415	14B083	0712	310887		1 FAMOTIDINE 20MG T	36.48
041515	15B156+	0712	313197		12 HYDROC/APAP 10/325 TAB	142.44
041515	15B191	0712	311321		1 NICOTINE 21MG TRANSDER	101.39-
041515	15B186	0712	311321		1 NICOTINE 21MG TRANSDER	101.39
041515	15B186	0712	310887		1 FAMOTIDINE 20MG T	36.48
041615	16B262+	0712	313197		4 HYDROC/APAP 10/325 TAB	47.48
041615	16B285	0712	310887		1 FAMOTIDINE 20MG T	36.48

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GARDEN PARK MEDICAL
15200 COMMUNITY RD

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GULFPORT

MS 395033085

ADMITTED
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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
SUBTOTAL:						12247.95
270-MED-SURG SUPPLIES						
040115	02B077	0719	350090	2	STAPLE, SKIN	1419.42
040115	02B077	0718	360168	2	SPONGE, PKG OF 10	206.18
040115	02B077	0719	350033	2	DRAIN, J-P TYPE RESERV	648.86
040115	02B077	0719	350034	2	DRAIN, JACKSON-PRATT T	1297.74
040215	02B056	0718	360518	1	TUBE, CONNECTING/EXTEN	230.39
040215	02B056	0718	360572	1	IV SET SET 2C7451	236.48
040215	02B056	0718	360562	1	SET PRIMARY INTERLOCK	297.13
040215	02B056	0718	360838	1	SET BLOOD COLL 23 X 3/	52.69
040315	03B145	0719	350440	2	DRESSING TEGARDERM ALL	24.32
040415	04B220+	0718	360168	5	SPONGE, PKG OF 10	515.45
040415	04B240	0718	360374	1	TRAY, CATH FOLEY	460.77
040415	04B240	0719	350090	1	STAPLE, SKIN	709.71
040415	04B240	0719	350033	2	DRAIN, J-P TYPE RESERV	648.86
040415	04B220	0718	360129	4	SPONGE, DRAIN PKG	194.16
040415	04B220	0718	360357	1	SET, SUTURE REMOVAL	157.69
040415	05B283	0718	360370	1	TRAY, CVP DRESSING CHA	297.13
040415	05B283	0718	360572	1	IV SET SET 2C7451	236.48
040415	05B283	0718	360562	1	SET PRIMARY INTERLOCK	297.13
040515	05B253+	0754	120019	24	OXYGEN PER HOUR	974.16
040515	05B283+	0719	350440	3	DRESSING TEGARDERM ALL	36.48
040515	05B283	0718	360168	1	SPONGE, PKG OF 10	103.09
040615	06B321+	0754	120019	24	OXYGEN PER HOUR	974.16
040615	06B375	0719	350440	1	DRESSING TEGARDERM ALL	12.16
040615	06B375	0718	360168	1	SPONGE, PKG OF 10	103.09
040615	07B481	0718	360375	1	TRAY, IRRIGATION	181.94
040715	07B420+	0754	120019	24	OXYGEN PER HOUR	974.16
040715	07B481	0718	360572	1	IV SET SET 2C7451	236.48
040715	07B481	0718	360562	1	SET PRIMARY INTERLOCK	297.13
040715	07B481	0718	360168	1	SPONGE, PKG OF 10	103.09
040715	07B481	0718	360357	1	SET, SUTURE REMOVAL	157.69
040715	08B582	0719	350440	1	DRESSING TEGARDERM ALL	12.16
040815	08B520	0754	120019	12	OXYGEN PER HOUR	487.08
040815	08B582	0718	360562	1	SET PRIMARY INTERLOCK	297.13
040815	09B678	0754	120019	12	OXYGEN PER HOUR	487.08
040915	09B620+	0754	120019	24	OXYGEN PER HOUR	974.16
041015	10B717+	0754	120019	24	OXYGEN PER HOUR	974.16
041015	10B771	0719	350440	4	DRESSING TEGARDERM ALL	48.64

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041015	10B771	0718	360168		2 SPONGE, PKG OF 10	206.18
041015	10B771	0718	360357		1 SET, SUTURE REMOVAL	157.69
041015	11B846	0718	360562		2 SET PRIMARY INTERLOCK	594.26
041115	11B846	0718	360357		2 SET, SUTURE REMOVAL	315.38
041115	11B846	0719	350440		2 DRESSING TEGADERM ALL	24.32
041115	11B846	0718	360168		2 SPONGE, PKG OF 10	206.18
041115	12B908	0718	360562		1 SET PRIMARY INTERLOCK	297.13
041115	12B908	0718	360168		1 SPONGE, PKG OF 10	103.09
041215	12B908	0718	360572		1 IV SET SET 2C7451	236.48
041215	12B908	0719	350440		3 DRESSING TEGADERM ALL	36.48
041215	12B908	0718	360497		1 INTRALOCK MALE EXTK	133.39
041215	12B908	0718	360168		2 SPONGE, PKG OF 10	206.18
041315	13B006	0718	360562		1 SET PRIMARY INTERLOCK	297.13
041315	14B113	0718	360129		3 SPONGE, DRAIN PKG	145.62
041315	14B113	0719	350440		1 DRESSING TEGADERM ALL	12.16
041415	14B113+	0718	360562		2 SET PRIMARY INTERLOCK	594.26
041415	14B113	0718	360497		1 INTRALOCK MALE EXTK	133.39
041415	15B214	0718	360562		1 SET PRIMARY INTERLOCK	297.13
041615	16B311	0719	350440		1 DRESSING TEGADERM ALL	12.16
041615	16B311	0718	360071		1 BANDAGE, ELASTIC GAUZE	206.11
041615	16B311	0718	360168		3 SPONGE, PKG OF 10	309.27
					SUBTOTAL:	19888.62

272-STERILE SUPPLIES

040115	02B077+	0719	350119		8 SUTURE II	1946.56
040115	02B077	0719	352205		1 HARMONIC SCALPEL 45CM	2300.24
040115	02B077	0719	350120		2 SUTURE I	162.26
040115	02B077	0719	350138		1 SUTURE III	381.21
040115	02B077	0719	350924		2 DRAPE, WARMING/SLUSH	586.78
040115	02B077	0719	350873		1 SURGICEL HEMOSTASIS 2X	733.96
040115	02B077	0719	351061		1 36FR CHEST TUBE	66.79
040415	04B240+	0719	350119		3 SUTURE II	729.96
040415	04B240	0719	351144		1 TEFLON BOVIE TP 2.5 NO	34.24
040415	04B240	0719	351217		1 BOVIE EXTEND 6" NONPRO	42.35
040415	04B240	0719	350924		2 DRAPE, WARMING/SLUSH	586.78
041215	12B908	0718	360937	C1751	2 CATH IV PLUS 20X 1 1/4	275.76
041415	14B113	0718	360937	C1751	2 CATH IV PLUS 20X 1 1/4	275.76
					SUBTOTAL:	8122.65

278-SUPPLY/IMPLANTS

040115	02B077	0717	351205		1 75MM LINEAR REG CUTTER	427.24
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040115	02B077	0717	351206		5 75MM LIN RELOAD REG CU	1139.15
					SUBTOTAL:	1566.39
301-LAB/CHEMISTRY						
040115	01B975	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
040115	01B975	0736	272142	80320	1 ALCOHOL ON EXCEPT BREA	100.00
040215	02B003	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
040215	02B050	0736	270807	80048	1 BMP TOTAL CALCIUM	584.01
040315	03B097	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
040415	04B187	0736	270807	80048	1 BMP TOTAL CALCIUM	584.01
040515	05B252	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
040615	06B320	0736	270807	80048	1 BMP TOTAL CALCIUM	584.01
040815	08B523	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
041015	10B787	0736	270253	80202	1 VANCOMYCIN QUANT	555.61
041015	10B720	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
041115	11B811	0736	270807	80048	1 BMP TOTAL CALCIUM	584.01
041315	13B948	0736	270807	80048	1 BMP TOTAL CALCIUM	584.01
041615	16B264	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
					SUBTOTAL:	10275.99
302-LAB/IMMUNOLOGY						
040115	01B986	0736	270017	86901	1 RH TYPE	239.28-
040115	01B979	0736	270006	86900	1 ABO TYPE	283.88
040115	01B979	0736	270008	86850	1 ANTIBODY SCREEN EA	454.19
040115	01B979	0736	270017	86901	1 RH TYPE	239.28
040115	01B979	0736	270010	86920	2 CROSSMATCH IMM SPIN	697.58
040115	04B202	0736	270010	86920	2 CROSSMATCH IMM SPIN	697.58
040115	06B329+	0736	270010	86920	2 CROSSMATCH IMM SPIN	697.58-
040415	04B214	0736	270006	86900	1 ABO TYPE	283.88
040415	04B214	0736	270008	86850	1 ANTIBODY SCREEN EA	454.19
040415	04B214	0736	270017	86901	1 RH TYPE	239.28
040415	04B214	0736	270010	86920	2 CROSSMATCH IMM SPIN	697.58
					SUBTOTAL:	3110.58
305-LAB/HEMATOLOGY						
040115	01B975	0736	270394	85027	1 CBC	312.26
040215	02B003	0736	270394	85027	1 CBC	312.26
040315	03B097	0736	270394	85027	1 CBC	312.26
040315	03B097	0736	271002	85007	1 MANUAL DIFFERENTIAL	87.77
040415	04B187	0736	270394	85027	1 CBC	312.26
040515	05B252	0736	270394	85027	1 CBC	312.26
040515	05B252	0736	271002	85007	1 MANUAL DIFFERENTIAL	87.77

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040615	06B324	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
040615	06B320	0736	270394	85027	1	CBC	312.26
040815	08B523	0736	270394	85027	1	CBC	312.26
040815	08B523	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
040915	09B623	0736	270394	85027	1	CBC	312.26
040915	09B623	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
041015	10B720	0736	270394	85027	1	CBC	312.26
041015	10B720	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
041115	11B811	0736	270394	85027	1	CBC	312.26
041115	11B811	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
041315	13B952	0736	271002	85007	1	MANUAL DIFFERENTIAL	87.77
041315	13B948	0736	270394	85027	1	CBC	312.26
041615	16B264	0736	270394	85027	1	CBC	312.26
SUBTOTAL:							4449.28
306-LAB/BACT-MICRO							
040815	08B548+	0736	270414	87040	2	CULTURE BLOOD	965.20
040815	08B576	0736	270430	87205	1	GRAM STAIN PRIMARY SRC	117.61
040815	08B576	0736	270615	87070	1	CULTURE SPUTUM	494.78
040815	10B724	0736	270431	87186	1	SUSC MIC	391.88
041015	10B746	0736	270425	87205	1	GRAM STAIN PRIMARY SRC	460.87
041015	10B746	0736	270623	87070	1	CULTURE WOUND	619.06
041015	12B890	0736	270855	87106	1	YEAST ID	154.13
041415	14B081	0736	270425	87205	1	GRAM STAIN PRIMARY SRC	460.87
041415	14B081	0736	270614	87070	1	CULTURE BODY FLUID	494.78
041415	18B455	0736	270855	87106	1	YEAST ID	154.13
SUBTOTAL:							4313.31
307-LAB/UROLOGY							
040815	08B548	0736	271404	81003	1	UA W O MICRO AUTO	186.56
SUBTOTAL:							186.56
310-PATH/LAB							
040115	02B027	0732	290019	88300	1	SURG PATH LEVEL 1	209.61
040115	02B027	0732	290026	88304	2	SURG PATH LEVEL 3	630.12
SUBTOTAL:							839.73
320-DX XRAY							
040115	02B002	0728	220156	74020	1	XR ABD COMP W DEC/ERE	1100.74
040415	04B205	0728	220065	74240	1	XR UGI W/O KUB	1533.54
SUBTOTAL:							2634.28
324-DX X-RAY/CHEST							
040215	02B002+	0728	220014	71010	2	XR CHEST 1 V	1305.88

INSURANCE BENEFITS ASSIGNED TO
GARDEN PARK MEDICAL CENTER.

PATIENT NO:
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GARDEN PARK MEDICAL
15200 COMMUNITY RD

BILLING DATE PAGE 8 06212
06/19/15

GULFPORT

MS 395033085

ADMITTED
04/01/15

DISCHARGED
04/16/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
040315	03B100+	0728	220014	71010	2	XR CHEST 1 V	1305.88
040415	04B186+	0728	220014	71010	2	XR CHEST 1 V	1305.88
040515	05B255	0728	220014	71010	1	XR CHEST 1 V	652.94
040615	06B323+	0728	220014	71010	2	XR CHEST 1 V	1305.88
040715	07B425+	0728	220014	71010	2	XR CHEST 1 V	1305.88
040815	08B552	0728	220014	71010	1	XR CHEST 1 V	652.94
041515	15B188	0728	220015	71020	1	XR CHEST 2 V	727.57
						SUBTOTAL:	8562.85
352-CT SCAN/BODY							
040115	01B982	0726	250092	74177	1	CT ABD&PELVIS W/CONT	9836.76
040115	01B982	0726	250012	71260	1	CT CHEST W/CONTRAST	5727.03
040915	09B676	0726	250092	74177	1	CT ABD&PELVIS W/CONT	9836.76
040915	09B676	0726	250012	71260	1	CT CHEST W/CONTRAST	5727.03
						SUBTOTAL:	31127.58
360-OR SERVICES							
040115	02B077	0701	010001		18	MAJOR SURGERY, 1/4 HR	38188.44
040415	04B240	0701	010001		7	MAJOR SURGERY, 1/4 HR	14851.06
						SUBTOTAL:	53039.50
370-ANESTHESIA							
040115	02B077	0722	351008		18	ANESTHESIA 1/4HR	9644.22
040415	04B240	0722	351008		7	ANESTHESIA 1/4HR	3750.53
						SUBTOTAL:	13394.75
390-BLOOD STOR PROC							
040115	02B006+	0758	300005	P9016	2	PRBC LR	1077.18
						SUBTOTAL:	1077.18
391-BLOOD ADMIN							
040115	02B006	0736	300020	36430	1	BLOOD TRANSFUSION	542.64
040115	02B006	0736	300020	36430	1	BLOOD TRANSFUSION	542.64
040115	03ET10	0736	300020	36430	1	BLOOD TRANSFUSION	542.64-
						SUBTOTAL:	542.64
410-RESPIRATORY SVC							
040415	04B219	0754	120053	94002	1	VENT MGMT INITIAL IP/O	4768.98
040415	04B219	0754	120053	94002	1	VENT MGMT INITIAL IP/O	4768.98
040415	06ET1V	0754	120053	94002	1	VENT MGMT INITIAL IP/O	4768.98-
040515	05B253	0754	120009	94640	1	INH TX AC AWY OBST	292.00
040615	06B395	0754	120009	94640	1	INH TX AC AWY OBST	292.00
040815	08B577+	0754	120001	94640	2	INH TX AC AWY OBST	235.22
040915	09B650+	0754	120001	94640	3	INH TX AC AWY OBST	352.83
041015	10B717+	0754	120001	94640	4	INH TX AC AWY OBST	470.44

INSURANCE BENEFITS ASSIGNED TO
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GARDEN PARK MEDICAL
15200 COMMUNITY RD

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GULFPORT

MS 395033085

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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
041115	11B816+	0754	120001	94640	3 INH TX AC AWY OBST	352.83
041215	12B882+	0754	120001	94640	3 INH TX AC AWY OBST	352.83
041315	13B953+	0754	120001	94640	2 INH TX AC AWY OBST	235.22
041415	14B050+	0754	120001	94640	4 INH TX AC AWY OBST	470.44
041515	15B155+	0754	120001	94640	4 INH TX AC AWY OBST	470.44
041615	16B257+	0754	120001	94640	2 INH TX AC AWY OBST	235.22
SUBTOTAL:						8528.45
450-EMERG ROOM						
040215	02B999	0780	090184		1 PROCEDURE CATEGORY 1	983.90
040215	02B999	0780	090005	99285	1 EMER DEPT LEVEL 5	2448.49
SUBTOTAL:						3432.39
636-DRUGS REQUIRING DET CODE						
040115	01B981+	0712	313414	J7030	4 NS 1000 ML	1054.44
040115	02B029	0712	314333	J2370	10 PHENYLEPHN 1 ML INJ	6.70
040115	02B029	0712	314288	J1885	1 KETOROLAC 60 MG INJ	4.04
040115	02B029	0712	314290	J2405	2 ONDANSETRON 4 MG VL	24.20
040215	02B001+	0712	314693	J2270	2 MORPHINE SULF 30MG INJ	76.00
040215	02B004+	0712	314433	J2543	3 PIP SOD/TAZ 3.375 G VL	494.34
040215	02B001	0712	314671	J2704	1 PROPOFOL 200 MG INJ	304.18
040215	02B029	0712	314361	S0028	2 FAMOTIDINE 20 MG INJ	9.98
040215	07C739	0712	314241	J2270	1 MORPHINE SULF 10MG INJ	7.91
040315	03B099+	0712	314433	J2543	3 PIP SOD/TAZ 3.375 G VL	494.34
040315	03B099	0712	314693	J2270	1 MORPHINE SULF 30MG INJ	38.00
040315	03B103	0712	314290	J2405	1 ONDANSETRON 4 MG VL	12.10
040315	03B103	0712	314361	S0028	2 FAMOTIDINE 20 MG INJ	9.98
040415	04B189+	0712	314433	J2543	2 PIP SOD/TAZ 3.375 G VL	329.56
040415	04B221	0712	313222	C9113	1 PANTOPRAZOLE SODIUM VI	306.09
040415	04B189	0712	314693	J2270	1 MORPHINE SULF 30MG INJ	38.00
040415	04B216	0712	314290	J2405	1 ONDANSETRON 4 MG VL	12.10
040415	04B204	0712	314361	S0028	2 FAMOTIDINE 20 MG INJ	9.98
040415	04B204	0712	314407	J0690	6 CEFAZOLIN 1 G VL	1536.72
040415	04B204	0712	314671	J2704	1 PROPOFOL 200 MG INJ	304.18
040415	04B204	0712	314295	J0330	1 SUCCINYLCHOL 200 MG IN	11.26
040415	05B298	0712	314290	J2405	2 ONDANSETRON 4 MG VL	24.20
040515	05B250+	0712	314433	J2543	3 PIP SOD/TAZ 3.375 G VL	494.34
040515	05B258+	0712	314290	J2405	2 ONDANSETRON 4 MG VL	24.20
040515	05B269	0712	313222	C9113	1 PANTOPRAZOLE SODIUM VI	306.09
040615	06B318+	0712	314433	J2543	3 PIP SOD/TAZ 3.375 G VL	494.34
040615	06B322+	0712	314290	J2405	2 ONDANSETRON 4 MG VL	24.20

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GARDEN PARK MEDICAL
15200 COMMUNITY RD

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GULFPORT

MS 395033085

ADMITTED
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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
040615	06B348+	0712	314281	J3480	2	POTASS CL 20MEQ BAG	765.26
040615	06B348	0712	313222	C9113	1	PANTOPRAZOLE SODIUM VI	306.09
040715	07B421+	0712	314433	J2543	3	PIP SOD/TAZ 3.375 G VL	494.34
040715	07B424+	0712	314290	J2405	3	ONDANSETRON 4 MG VL	36.30
040715	07B452+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
040715	07B428	0712	314281	J3480	1	POTASS CL 20MEQ BAG	382.63
040715	07B452	0712	313222	C9113	1	PANTOPRAZOLE SODIUM VI	306.09
040715	08B521	0712	314433	J2543	1	PIP SOD/TAZ 3.375 G VL	164.78
040815	08B550+	0712	314433	J2543	2	PIP SOD/TAZ 3.375 G VL	329.56
040815	08B550+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
040815	08B578+	0712	314290	J2405	2	ONDANSETRON 4 MG VL	24.20
040815	08B550	0712	313222	C9113	1	PANTOPRAZOLE SODIUM VI	306.09
040815	08B550	0712	314281	J3480	1	POTASS CL 20MEQ BAG	382.63
040915	09B621+	0712	314433	J2543	3	PIP SOD/TAZ 3.375 G VL	494.34
040915	09B651+	0712	314404	J3370	4	VANCOMYCIN 1 G VL	122.24
040915	09B651+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
040915	09B696	0712	313419	J7050	1	NS 250 ML	206.84
040915	09B628	0712	313222	C9113	1	PANTOPRAZOLE SODIUM VI	306.09
040915	09B651	0712	313415	J7040	1	NS 500 ML	324.50
040915	09B651	0712	314290	J2405	1	ONDANSETRON 4 MG VL	12.10
040915	09B651	0712	314281	J3480	1	POTASS CL 20MEQ BAG	382.63
041015	10B718+	0712	314433	J2543	2	PIP SOD/TAZ 3.375 G VL	329.56
041015	10B722+	0712	314404	J3370	6	VANCOMYCIN 1 G VL	183.36
041015	10B722+	0712	313419	J7050	3	NS 250 ML	620.52
041015	10B726+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
041015	10B748+	0712	314388	J0744	2	CIPROFLOXACIN 400 MG B	488.96
041015	10B722	0712	314281	J3480	1	POTASS CL 20MEQ BAG	382.63
041015	10B789	0712	314287	J1885	1	KETOROLAC 30 MG INJ	4.63
041015	10B726	0712	314290	J2405	1	ONDANSETRON 4 MG VL	12.10
041015	10B726	0712	313222	C9113	1	PANTOPRAZOLE SODIUM VI	306.09
041115	11B829+	0712	314388	J0744	2	CIPROFLOXACIN 400 MG B	488.96
041115	11B829+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
041115	11B813	0712	314281	J3480	1	POTASS CL 20MEQ BAG	382.63
041115	11B813	0712	313419	J7050	2	NS 250 ML	413.68
041115	11B813	0712	314404	J3370	2	VANCOMYCIN 1 G VL	61.12
041115	11B829	0712	314502	J1450	1	FLUCONAZOLE 200 MG BAG	51.90
041215	12B892+	0712	314388	J0744	2	CIPROFLOXACIN 400 MG B	488.96
041215	12B892+	0712	314375	J1644	2	HEPARIN 5000 U INJ	102.16
041215	12B892	0712	314502	J1450	1	FLUCONAZOLE 200 MG BAG	51.90

INSURANCE BENEFITS ASSIGNED TO
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GARDEN PARK MEDICAL
15200 COMMUNITY RD

BILLING DATE
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GULFPORT

MS 395033085

ADMITTED
04/01/15

DISCHARGED
04/16/15

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
041315	13B979+	0712	314388	J0744	2 CIPROFLOXACIN 400 MG B	488.96
041315	13B979+	0712	314375	J1644	2 HEPARIN 5000 U INJ	102.16
041315	13B979	0712	314502	J1450	1 FLUCONAZOLE 200 MG BAG	51.90
041415	14B083+	0712	314375	J1644	2 HEPARIN 5000 U INJ	102.16
041415	14B083+	0712	314388	J0744	2 CIPROFLOXACIN 400 MG B	488.96
041415	14B084	0712	314502	J1450	1 FLUCONAZOLE 200 MG BAG	51.90
041515	15B191	0712	314375	J1644	1 HEPARIN 5000 U INJ	51.08-
041515	15B186	0712	314375	J1644	1 HEPARIN 5000 U INJ	51.08
041515	15B186	0712	314388	J0744	1 CIPROFLOXACIN 400 MG B	244.48
					SUBTOTAL:	18208.66
	683-TRAUMA LEVEL III					
040215	02B999	0780	090217	G0390	1 TRAUMA TEAM I W/CC	4771.50
					SUBTOTAL:	4771.50
	730-EKG/ECG					
040115	02B028	0744	130011	93005	1 EKG TRACING ONLY	772.49
					SUBTOTAL:	772.49
					TOTAL ANCILLARY CHARGES	220907.48
					TOTAL CHARGES	283958.18
					PAYMENTS	.00
					ADJUSTMENTS	.00
					BALANCE	283958.18

INSURANCE BENEFITS ASSIGNED TO
GARDEN PARK MEDICAL CENTER.

PATIENT NO:
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GARDEN PARK MEDICAL
15200 COMMUNITY RD

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GULFPORT

MS 395033085

ADMITTED
04/01/15

DISCHARGED
04/16/15

DEPT	DEPARTMENTAL CHARGE SUMMARY DESCRIPTION	AMOUNT
0607	NURSING UNT-HOSP DEFINED	9,132.78
0650	INTENSIVE CARE UNIT	53,917.92
0701	SURGERY UNIT	53,039.50
0712	PHARMACY	40,270.76
0717	SURGICAL IMPLANTS	1,566.39
0718	MEDICAL SERVICES	9,651.71
0719	SPECIAL PROCEDURES UNIT	12,514.60
0722	ANESTHESIA UNIT	13,394.75
0726	CAT SCAN UNIT	31,127.58
0728	RADIOLOGY - DIAGNOSTIC	11,197.13
0732	PATHOLOGY UNIT	839.73
0736	LABORATORY	22,878.36
0744	ELECTROCARDIOGRAPHY UNIT	772.49
0754	RESPIRATORY THERAPY UNIT	14,373.41
0758	BLOOD BANK	1,077.18
0780	EMERGENCY SERVICES	8,203.89

TOTAL CHARGES:	283,958.18
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:
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HALE ALLEN

GARDEN PARK MEDICAL
15200 COMMUNITY RD

BILLING DATE PAGE 1 06212
04/26/15

GULFPORT

MS 395033085

ADMITTED
04/21/15

DISCHARGED
04/22/15

BILL TO:

HALE ALLEN

EMERGENCY

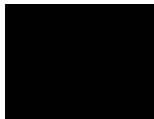
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ADMIT THRU DISCHARGE CLAIM

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
301-LAB/CHEMISTRY						
042115	21B750	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
SUBTOTAL:						957.19
305-LAB/HEMATOLOGY						
042115	21B750	0736	270394	85027	1 CBC	312.26
042115	21B750	0736	271002	85007	1 MANUAL DIFFERENTIAL	87.77
SUBTOTAL:						400.03
352-CT SCAN/BODY						
042115	21B753	0726	250092	74177	1 CT ABD&PELVIS W/CONT	9836.76
SUBTOTAL:						9836.76
636-DRUGS REQUIRING DET CODE						
042115	21B752	0712	314704	J2270	1 MORPHINE SULF 10MG INJ	5.05
042115	21B752	0712	314290	J2405	1 ONDANSETRON 4 MG VL	12.10
SUBTOTAL:						17.15
450-EMERG ROOM						
042215	22B769	0780	090004	99284	1 EMER DEPT LEVEL 4	1668.29
042215	22B769	0780	090208	96374	1 IVP SINGLE/INITIAL DRU	348.66
042215	22B769	0780	090209	96375	1 IVP EA ADD SEQ NEW DRU	508.13
SUBTOTAL:						2525.08
TOTAL ANCILLARY CHARGES						13736.21
TOTAL CHARGES						13736.21
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						13736.21

INSURANCE BENEFITS ASSIGNED TO
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GARDEN PARK MEDICAL
15200 COMMUNITY RD
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MS 395033085 ADMITTED DISCHARGED
04/21/15 04/22/15

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	17.15
0726	CAT SCAN UNIT	9,836.76
0736	LABORATORY	1,357.22
0780	EMERGENCY SERVICES	2,525.08

TOTAL CHARGES: 13,736.21
TOTAL PAYMENTS: .00
TOTAL ADJUST: .00

AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS

STATE OF TEXAS

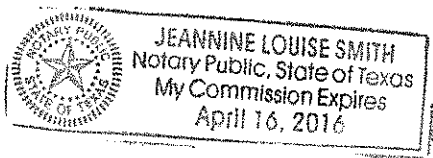
COUNTY OF HARRIS

I, ANDRIA DESTIN, am the duly authorized custodian of the medical records for **Garden Park Medical Center**, and as such I have (i) first-hand knowledge about the making, maintenance, and storage of the records; (ii) that the records are authentic as required by law; and (iii) that the attached records were (a) made at or near the time of the occurrence of the matters set forth by, or from information transmitted by a person with knowledge of those matters; (b) kept in the course of the regularly conducted activity of this office; and (c) were made or maintained as a regular practice. The records attached hereto constitute a true and correct copy of the medical records pertaining to the care and treatment of **Allen Douglas Hale**.

And further affiant saith not.


Custodian of Records

SWORN TO AND SUBSCRIBED before me this 4 day of January, 2010




NOTARY PUBLIC

My Commission Expires:

4-16-16

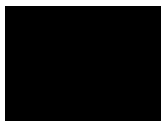
PATIENT NO:		GARDEN PARK MEDICAL	BILLING DATE	PAGE	1	06212
MED REC NO:		15200 COMMUNITY RD	06/01/15			
GUARANTOR NO:						
PATIENT:		GULFPORT	MS 395033085	ADMITTED		DISCHARGED
HALE ALLEN				05/27/15		05/27/15

BILL TO:		EMERGENCY	FC=15
HALE ALLEN		INFORMATION BILL	

DATE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT S	PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES
251-DRUGS/GENERIC						
052715	27B887	0712	313483		1 ZOFTRAN ODT 4MG	115.41
					SUBTOTAL:	115.41
259-DRGS/OTHER						
052715	27B887	0712	313197		1 HYDROC/APAP 10/325 TAB	11.87
					SUBTOTAL:	11.87
450-EMERG ROOM						
052715	27B890	0780	090003	99283	1 EMER DEPT LEVEL 3	1536.24
					SUBTOTAL:	1536.24
TOTAL ANCILLARY CHARGES						1663.52
TOTAL CHARGES						1663.52
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						1663.52

INSURANCE BENEFITS ASSIGNED TO
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GARDEN PARK MEDICAL
15200 COMMUNITY RD
GULFPORT

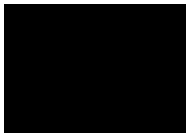
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MS 395033085 ADMITTED DISCHARGED
05/27/15 05/27/15

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	127.28
0780	EMERGENCY SERVICES	1,536.24

TOTAL CHARGES:	1,663.52
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
HALE ALLEN



GARDEN PARK MEDICAL
15200 COMMUNITY RD
GULFPORT

BILLING DATE
06/05/15

PAGE 1 06212

MS 395033085

ADMITTED
05/31/15

DISCHARGED
05/31/15

BILL TO:

HALE ALLEN



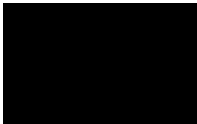
EMERGENCY
INFORMATION BILL

FC=99

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
450-EMERG ROOM							
053115	31B178	0780	090003	99283	1	EMER DEPT LEVEL 3	1536.24
SUBTOTAL:							1536.24
TOTAL ANCILLARY CHARGES							1536.24
TOTAL CHARGES							1536.24
PAYMENTS							.00
ADJUSTMENTS							.00
BALANCE							1536.24

INSURANCE BENEFITS ASSIGNED TO
GARDEN PARK MEDICAL CENTER.

PATIENT NO:
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GARDEN PARK MEDICAL
15200 COMMUNITY RD
GULFPORT

BILLING DATE PAGE 2 06212
06/05/15

MS 395033085 ADMITTED DISCHARGED
05/31/15 05/31/15

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0780	EMERGENCY SERVICES	1,536.24

TOTAL CHARGES:	1,536.24
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:
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GARDEN PARK MEDICAL
15200 COMMUNITY RD
GULFPORT

BILLING DATE PAGE 1 06212
08/06/15

MS 395033085 ADMITTED DISCHARGED
08/02/15 08/02/15

BILL TO:

HALE ALLEN

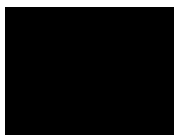
EMERGENCY
ADMIT THRU DISCHARGE CLAIM

FC=99

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
301-LAB/CHEMISTRY						
080215	02B663	0736	270808	80053	1 COMP METABOLIC PANEL	957.19
080215	02B663	0736	270445	82150	1 AMYLASE	454.19
080215	02B663	0736	270208	83690	1 LIPASE	385.29
SUBTOTAL:						1796.67
305-LAB/HEMATOLOGY						
080215	02B663	0736	270394	85027	1 CBC	312.26
SUBTOTAL:						312.26
307-LAB/UROLOGY						
080215	02B663	0736	271404	81003	1 UA W O MICRO AUTO	186.56
SUBTOTAL:						186.56
320-DX XRAY						
080215	02B666	0728	220156	74020	1 XR ABD COMP W DEC/ERE	1100.74
SUBTOTAL:						1100.74
352-CT SCAN/BODY						
080215	02B675	0726	250092	74177	1 CT ABD&PELVIS W/CONT	9836.76
SUBTOTAL:						9836.76
450-EMERG ROOM						
080215	02B673	0780	090004	99284	1 EMER DEPT LEVEL 4	1668.29
080215	02B673	0780	090208	96374	1 IVP SINGLE/INITIAL DRU	348.66
SUBTOTAL:						2016.95
636-DRUGS REQUIRING DET CODE						
080215	02B665	0712	314290	J2405	1 ONDANSETRON 4 MG VL	12.10
080215	02B665	0712	314716	J2270	1 MORPHINE SULF 5MG INJ	4.95
SUBTOTAL:						17.05
TOTAL ANCILLARY CHARGES						15266.99

INSURANCE BENEFITS ASSIGNED TO
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MS 395033085

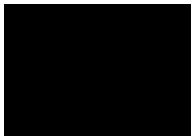
ADMITTED
08/02/15

DISCHARGED
08/02/15

TOTAL CHARGES	15266.99
PAYMENTS	.00
ADJUSTMENTS	.00
BALANCE	15266.99

INSURANCE BENEFITS ASSIGNED TO
GARDEN PARK MEDICAL CENTER.

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BILLING DATE PAGE 3 06212
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MS 395033085 ADMITTED DISCHARGED
08/02/15 08/02/15

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	17.05
0726	CAT SCAN UNIT	9,836.76
0728	RADIOLOGY - DIAGNOSTIC	1,100.74
0736	LABORATORY	2,295.49
0780	EMERGENCY SERVICES	2,016.95

TOTAL CHARGES:	15,266.99
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00